Statement—contd.

1	2	3	4	5	6
(*ii*)	Asia	3.05	3.07	3.14	2.87
	Bangladesh* . . .	4.09P	6.24P	—	†
	Burma A‡‡ . . .	6.87	7.35	7.71	†
	India E‡‡ . . .	2.42	2.28	2.16P	2.09P
	Indonesia‡‡ . . .	2.21	2.54	2.50	1.87
	Malaysia	—	—	—	†
	Nepal†	4.65	4.39	4.97	†
	Pakistan D* . . .	1.04	1.10	1.00	†
	Philipines A . . .	5.48	5.02	5.95P	†
	Srilanka A . . .	5.22	3.73	3.77	4.04P
	Thailand B% . . .	5.01	5.43	5.69	†
(*iii*)	Europe	—	—	—	†
	Yugoslavia G . . .	—	—	—	†
(*iv*)	Middle East . . .	5.23	5.73	6.13	†
	Egypt A*	2.84	2.60	2.60	2.39P
(*v*)	Western Hemisphere . .	4.58	4.85	4.33	†
	Argentina . . .	1.37	1.81	1.28	†
	Brazil D	7.09	7.37	6.42	†
	Mexico C	1.20	1.52	1.38	†

NOTF : letters A—G following country name indicate percentage of Central Government Tax Revenue Accounted for by the Central Government for the Latest Year with Data Available, as follows A, 95 and over : B, 90-94. 9 : C, 80-89.9 D, 70-79.9; E, 60-69.9; F, 50-59.9 and G, 20-24.9.

Symbol* Indicates break in continuity of time series as described in country notes on coverage of data most recent fiscal years, other than those ending December, 31, as

Indicated as†† beginning April 1; *, ending June 30;% ending Sept 30; & † other the letter P indicates that data are in whole or in part provisional preliminary, or projected.

Source : Government finance stastiticslyear book 1986, volume X, international monetary Fund, Page No. 54 & 55.

Roots of Medicines in Basic Drugs

@883. SHRI MURLIDHAR CHANDRAKANT BHANDARE : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government are aware that over 60,000 brands of medicines and formulations have their roots in barely 700 basic drugs ; and

(b) if so, what steps have been taken and are being taken to rationalise the medicines and formulations to protect the consumer against exploitation by unscrupulous drug manufacturers who produce admixtures of various drugs and formulations, without research background in the name of new medicines ?

(pPreviously Unstarred Question 371 transferred from the 30th April, 1992,

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI ARJUN SINGH) : (a) The licence to manufacture drugs/formulations are granted by the licensing authorities appointed by the State Governments in their respective States. The exact number of formulations, including different brands, different dosage forms, different packaging of the same drug is, therefore, not available with the Central Government.

(b) The Government have constituted a Committee of experts to examine formulations moving in the market from the angle of safety, efficacy and rationality in the context of present knowledge. This is, however, a continuous process. As a result of this exercise, Government have so far banned 43 categories of formulations.

Death of Children Due to Heart Ailments

884. DR. RATNAKAR PANDEY : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that according to WHO statistics at least 60,000 kids die of heart ailments every year in the world ;

(b) what is the number of kids who die in India of such heart ailments every year and what is their percentage of the world-figures ; and

(c) the schemes under operation to prevent such deaths in India and the annual cost thereof ?

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI ARJUN SINGH) : (a) According to the World Health Organisation annual mortality due to rheumatic heart disease, thought under-reported, is put at 60,000.

(b) No epidemiological study has been done so far regarding the mortality among children due to heart ailments in India.

(c) At present there is no such scheme in operation. However, necessary facilities for treatment of heart ailments are available in most of the major hospitals in the country.

Population Growth

885. SHRI MENTAY PADMANABHAM : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government have disallowed the target of 1.2 population growth rate by yeai 2000 under the National Health Policy.

(b) what is the status of this target;

(c) whether this target of population growth is liekly to be achieved under-various family welfare programmes under implementation by year 2000 ; and

(ill if not, what are the reasons therefor ?

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI ARJUN SINGH) : (a) to (d) The National Health Policy (1983) has, *inter-alia,* laid down a goal of achieving the annual population growth rate of 1.2% by the year 2000 AD. Based on the latest provisional estimates of Birth and Death rates available for the year 1990 from the Sample Registration System of the Registrar General of India, the Natural Growth Rate works out to 2.03%. The Growth Rate has been remaining higher due to relatively steeper decline in Death Rate without commensurate decline in Birth Rale. Keeping in view the prevailing trends it has been recognised by the Planning Commission that the goal set for growth rate may not be achievable by 2000 AD. This is essentially due to prevailing high Birth Rate levels in sonic of the major States, the reasons for which are largely attributable to strong son preference, low female literacy rate, low age at marriage for females, high Infant Mortality Rate, lack of community participation, inadequacies in the quality and outreach of services, inadequacy of resources, lesser coverage of younger age couples with high fertility potential etc.

Health Care in Delhi

886. CHOWDHRY HARI SINGH : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government's attention has been drawn to a new report which appear ed in the "Hindustan Times" dated April 5, 1992 under the caption "Shocking neglect of health care in Delhi" ; and

(b) if so, what steps are being taken •'to improve the situation?